

## **7. HOME INFUSION THERAPY (HIT)**

This section describes Medicaid's coverage of HIT. It tells you about:

- What HIT Covers – See 7.1, page 7-2
- Who's Covered – See 7.2, page 7-3
- Limitations – See 7.3, page 7-5
- Who May Provide HIT – See 7.4, page 7-5
- Getting Coverage – See 7.5, page 7-6
- Coordinating Care – See 7.6, page 7-9
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- Getting Paid – See 7.10, page 7-11

At the end of this section are some of the questions often asked about HIT and the answers to those questions. See HIT Q & A (page 7-17).

### 7.1 What HIT Covers

HIT covers the following self-administered infusion therapies in a patient's home when the therapy is medically necessary.

- Total Parenteral Nutrition (TPN)
- Enteral Nutrition (EN)
- Chemotherapy for Cancer Treatment (Intrathecal and Intravenous)
- Antibiotic Therapy (Intravenous)
- Pain Management Therapy (Subcutaneous, Epidural, Intrathecal and Intravenous)

HIT is for patients who live in a private residence or an adult care home (such as a rest home or family care home). "Self-administered" means that a patient and/or an unpaid caregiver is capable, able and willing to administer a therapy following appropriate teaching with adequate monitoring. The specific covered components are described below. See 7.10 for information on billing the various components.

#### 7.1.1 Drug Therapies

Medicaid pays for drug therapies in one daily fee, a "per diem", that includes the equipment, supplies and services needed for the administration of the drug. The fee also includes delivery to the patient's residence. The package does **NOT** include the drug - it is paid for through Medicaid's coverage of prescription drugs.

The components of drug therapies are:

- **Infusion nursing services** provided by a licensed registered nurse (RN) who is directly supervised by the HIT agency. The services include:
  - Assessing the patient for the appropriateness of HIT;
  - Monitoring the patient;
  - Teaching the patient and/or primary caregiver about the HIT administration;
  - Changing IV sites and dressings;
  - Drawing blood for laboratory analysis; and
  - Supervising the first dose when needed.
- **Pharmacy services** provided by a registered pharmacist include:
  - Monitoring the drug therapy to ensure that the drugs and related fluids are dispensed according to the physician's POC and standards of practice.
  - Developing a medication history and patient profile;
  - Consulting with physicians and nurses on the therapy;
  - Accomplishing drug use evaluations; and

- Providing quality assurance.

The pharmacy services also include drug procurement and inventory, drug reconstitution, dosage preparation, labeling and delivery to a patient's residence.

- **Medical equipment** needed for the therapy according to the POC and standards of practice.
- **Medical supplies** needed for the therapy according to the POC and standards of practice.
- **Training**, including educational and counseling services, needed to ensure the safe and effective administration of HIT. The services are provided through a combination of oral and written instructions.

### 7.1.2 Nutrition Therapies

Nutrition therapy coverage pays for the equipment, supplies and formulae/solutions ordered by the physician and provided according to standards of practice. The allowance for all items includes delivery to a patient's residence.

- **Medical equipment** includes the pumps used for EN and TPN, and the IV pole.
  - The item is **rented** if the physician documents that the anticipated need is six months or less.
  - The item may be **rented** or **purchased** if the physician documents that the anticipated need exceeds six months. Once rental is initiated on an item, a subsequent request for purchase of that item will be denied. The item becomes the property of the patient when the accrued rental payments reach Medicaid's allowable purchase price.

**EXAMPLE:** If the monthly rental for an item is \$30 and the new purchase price is \$200, Medicaid will pay six full months of rental, plus no more than \$20 in the seventh month of rental. At that time, the item becomes the patient's property, and no more rental payments are made.

- **Formulae/solutions** include those listed in the Medicaid Home Infusion Therapy Fee Schedule.
- **Medical supplies** include those listed in the Medicaid Home Infusion Therapy Fee Schedule. Most supplies are provided as part of a kit.

## 7.2 Who's Covered

Whether a patient is covered depends on four factors:

### 7.2.1 Type of Medicaid Coverage

A patient must be covered under:

- Regular Medicaid coverage – that is, have a **BLUE** card; or
- Pregnant Women coverage – that is, have a **PINK** card and require HIT due to a pregnancy-related condition. Prior approval is required – see 7.3.1.

**NOTE:** If a patient is a Medicaid managed care participant, a Hospice patient or a CAP client, coverage may be restricted. See Section 2.

### 7.2.2 Patient's Medical Situation

A patient must be under the care of the referring physician who prescribes the therapy, establishes a POC for HIT and monitors the therapy's progress.

For **all therapies**, a patient must:

- Require infusion therapy on an ongoing basis that is medically indicated for the treatment of his condition; and
- Have a clinical status that allows HIT to be safely administered in his home.

For a **drug therapy**, a patient must:

- Have an administration site for the therapy; and
- Need the medication administered by HIT because the physician has determined that medication:
  - Is more effective administered through infusion therapy; or
  - Is not available in an oral dosage form; or
  - Cannot be tolerated orally.

For a **nutrition therapy**, a patient must be unable to tolerate nutrients orally sufficient to maintain life. The patient is either unable to take oral nutrition or unable to tolerate oral intake.

- **TPN** is considered reasonable and necessary for a patient with a severe pathology of the alimentary tract that prohibits absorption of sufficient nutrients to maintain weight and strength commensurate with his general condition. Examples of conditions that usually indicate a need for TPN include nasopharyngeal carcinoma (obstructive CA), intestinal obstruction due to carcinoma and short bowel syndrome. The patient must have a body site available for administration of the therapy.
- **EN** is considered reasonable and necessary for a patient with functioning gastrointestinal tract who, due to non-function of the structures that normally permit food to reach the digestive tract, cannot maintain weight and strength commensurate with his general condition. Examples of conditions that usually indicate the need for EN include dysphagia or aphagia due to a CVA, a comatose condition, myasthenia gravis causing inability to swallow due to paralysis of the structure that permits swallowing, and a brain tumor with neurological deficit resulting in the lack of a gag reflex.

### 7.2.3 Where HIT is Needed

HIT must be needed for a patient's care in either a private residence or the adult care home where he resides.

### 7.2.4 Patient's Non-Medical Situation

A patient must be:

- Motivated to use HIT. The patient understands the purpose and need for the therapy, accepts the associated requirements and wants to pursue the treatment. If the patient is unable to

comprehend all that is involved, there must be a primary caregiver responsible for him and acting in his behalf to meet this requirement.

- In a home environment conducive to the provision of HIT - that is, a clean environment with electricity, water, telephone access, refrigeration and enough space to support HIT.
- Capable of self-administering HIT or have a primary caregiver who is adequately trained, capable, able and willing to administer HIT safely and effectively.
- Psychologically stable so that the prospect of adhering to a disciplined medical regimen and coping with infusion therapy at home is realistic.

## 7.3 Limitations

### 7.3.1 Prior Approval

Prior approval is not required unless the patient has a PINK card, which indicates MPW coverage. See 7.5, Step 2, to learn about prior approval for MPW patients.

### 7.3.2 Amount of Service

The amount of service is limited to that which is medically necessary as determined by Medicaid policies.

### 7.3.3 Other Limitations

Payment is restricted in relation to the following services:

- **Hospice:** A patient receiving Hospice under Medicaid or Medicare may not receive HIT services related to the treatment of the terminal illness. If a patient meets the requirements of both services, he may choose which service he wishes to receive.
- **PDN:** A patient may not receive HIT **drug therapy** at the same time he is receiving PDN services. A PDN patient may, however, receive **EN** and **TPN** under HIT.

See 7.6 for guidance on coordinating with other services.

**REMEMBER:** Participation in a Medicaid managed care program or CAP may also affect coverage.

## 7.4 Who May Provide HIT

### 7.4.1 Drug Therapies and Total Parenteral Nutrition

You may provide drug and TPN therapies if you are enrolled with DMA as a HIT provider.

- **Agency qualifications:** Your agency must be a home care agency licensed by the Division of Facility Services to provide infusion nursing services.

**NOTE:** You must have service available 24 hours per day, seven days per week.

- **Staff Qualifications:** The staff involved with HIT must be properly trained and capable of providing the needed services. In addition, staff members must be licensed in North Carolina when licensure is required.

**NOTE:** *The staff member may not be the patient's spouse, child, parent, grandparent, grandchild, or sibling, or be a person with an equivalent step or in-law relationship to the patient.*

### 7.4.2 Enteral Nutrition

You may provide EN if you are enrolled with DMA as a HIT provider (see agency qualifications and staff qualifications in 7.4.1). You may also provide EN if you are enrolled with DMA as a DME provider.

**NOTE:** *You must have service available 24 hours per day, seven days per week.*

## 7.5 Getting Coverage

The following outlines the basic steps for a patient to get HIT. The steps are in the order that they are usually accomplished.

### Step 1 Receive Physician Referral and Orders

A patient's physician identifies the need for HIT and provides signed, written orders that detail the needed services. The orders must clearly document medical necessity, the starting date for care, the expected duration of the therapy(ies) and the amount and type(s) of services required. The orders must be on the appropriate form as indicated below.

- **Drug therapy** and **TPN** orders are on a HCFA-485.

**CAUTION:** *Do not accept a referral if your agency cannot provide or arrange all of the components of the drug therapies and/or TPN needed by a patient. You do not have to offer all therapies; however, you may accept only patients for whom you will provide all the components of the needed drug therapy or TPN. You may provide the components directly or under arrangement.*

- **EN** orders are on either:
  - A HCFA-485;
  - Medicaid's Certificate of Medical Necessity/Prior Approval (CMN/PA) form - the form used for DME. It is completed in the same manner as for DME. The instructions are as follows.
    1. **Patient's Last Name, First, Middle:** Enter the patient's last name, first name, and middle initial as it appears on the patient's Medicaid ID card.
    2. **Birth Date (M/D/Y):** Enter the month, date, and year of the patient's date of birth.
    3. **Sex :** (Optional) Enter an **F** or **M** to indicate the patient's sex.
    4. **Medicare Number:** Enter the patient's Medicare number - nine numbers and a letter. Enter **N/A** if the patient is not on Medicare.
    5. **Medicaid Number:** Enter the patient's Medicaid number - nine numbers and a letter.
    6. **Patient's Address and Telephone Number:** (Optional) Enter the patient's street address, city, state, and zip code - and phone number with area code.

7. **Provider Number:** Enter your agency's provider number - this is a seven digit number that you will use to bill this service.
8. **Provider Name, Address and Telephone Number:** Enter your agency's name, street address, city, state, and zip code - and phone number, including the area code.
9. **Attending Physician Name, Address and Telephone Number:** Enter the physician's name, street address, city, state and zip code - and phone number, including the area code.
10. **Provider Number (Optional entry):** Enter the physician's Medicaid provider number - this is a seven digit number.
11. **ICD-9-CM, Principal Diagnosis and Date:** Enter the description of the principal diagnosis and the date of onset. Entering the ICD-9-CM code is optional. (The code is needed on the claim; therefore, it is helpful to obtain it from the physician when completing the CMN/PA.)
12. **ICD-9-CM, Other Pertinent Diagnoses and Date:** Enter the description of the secondary or pertinent diagnosis(es), and the date(s) of onset. Entering the ICD-9-CM code(s) is optional.
13. **CPT-4, Surgical Procedure:** If a surgical procedure is related to the need for DME, enter the name of the procedure and date it was performed. Entering the CPT-4 code is optional.
- 14-23 For the items 14 through 23, check the applicable blocks to justify the need for the requested item(s). Write additional information as needed for justification. For 19., enter **N/A** if not applicable to the patient.
24. **Patient's status will be monitored by physician while equipment is provided:** Check this block if the item requires the physician to provide instructions to the patient and monitor the patient's status during the period that EN is being provided.
25. **Provide objective information to substantiate medical necessity of equipment:** Enter justification for EN related to the Medicaid criteria. Include a description of the patient's functional alimentary tract impairment. Note the frequency of feeding.
26. Enter information for each item requested.  
**EXT:** Leave blank.  
**Prior Approval No.:** Leave blank.  
**From Date and To Date:** Enter the date of the physician's prescription in the **FROM** block. Enter the last valid date on the physician's prescription in the **TO** block.  
**EDS Use Only:** Leave blank.  
**R N U:** Check **N** for formulae and supplies. For pumps, check **R** for rental, **N** for a new purchase or **U** for a used purchase.  
**HCPCS Code:** Enter the HCPCS code for the item.  
**Equipment Description:** Enter the description that corresponds to the HCPCS code for each item requested.  
**REMEMBER:** Rentals are billed as type of service **E** on the claim form.
27. **Provider Signature and Date:** An authorized representative of your agency signs and dates the form to show acceptance of the order and agreement to provide the requested items. A signature stamp is acceptable - stamp all three pages.
28. **Physician Signature and Date:** The physician signs and dates the form to verify the accuracy of the information on the form, the medical necessity for the requested item(s) and, if applicable, the agreement to provide instruction and supervision to the patient. **NOTE:** Signature stamps are NOT acceptable for the physician's signature.

**29. Return Address:** Enter your agency's name and the mailing address to which you want the form returned. You may handwrite, type or stamp the information on the form.

- Medicare's Certification for Parenteral/Enteral Nutrition form. If this form is used, the physician completes parts I, II, III and V as well as the identifying information at the bottom of the form.

**I.** The patient's Medicaid ID number is entered in I. with any applicable Medicare number.

**V.** The physician's entry in item D. establishes the type of supply kit to be furnished.

If a pump is to be supplied, modify the pump entry to show the type of pump and the rental/purchase decision. The physician enters either Rental, New, or Used before "Pump". If a pump with an alarm is ordered, the physician enters "w/alarm" after the block following "Pump".

**EXAMPLE:** *If a rental pump with alarm is ordered, the additional words are added as shown below. The example shows the added words in italics.*

Rental Pump [ ] w/alarm

In this section, the physician enters the type and quantity of tubing to be provided. Quantity is estimated for 30 days. It should not be in excess of the following:

Nasogastric Tubing: 3 per 30 days

Stomach Tubing - Levine Type: 15 per 30 days

Gastrostomy/Jejunostomy Tube: 1 per 30 days

## **Step 2 Verify Medicaid Eligibility**

Follow the steps in Section 3 to verify Medicaid eligibility. When checking the color of a patient's Medicaid ID card, remember the following:

**Blue:** A patient may be considered for HIT.

**Pink:** Covers only pregnancy related services as defined in Section 2. HIT must be related to the pregnancy and must have prior approval in order to be covered. Before providing services to a patient with a PINK card, get prior approval by following the procedures in Appendix E.

**Buff:** A patient is not eligible HIT. (Medicaid will pay the Medicare co-payments when Medicare covers an infusion therapy.)

**REMEMBER:** *Check all other key information on the card – such as eligibility dates, insurance information and other important items noted in Section 3. If the card shows that the patient participates in a Medicaid managed care program or CAP, coverage may be restricted. See Section 2. Also, if the patient is a Medicare or Medicaid Hospice patient, HIT related to the terminal illness is not covered. See 7.3.3.*

## **Step 3 Assess Appropriateness**

As you consider providing a service, review the available information to see if HIT appears appropriate.

- **For adult care home patients,** the patient's physician and your agency must coordinate the provision of HIT with the facility operator to be certain that the setting is appropriate, and that there is adequate support for the patient's health and safety.
- **For drug therapy and TPN patients,** a RN representing your agency evaluates the patient's appropriateness for care in light of the HIT criteria in 7.2. Key points are:

- **Is HIT appropriate?** Look at a patient's capabilities, condition and motivation to see if they warrant and support the service.
  - **Can HIT be safely administered in the home?** Review whether the condition of the patient, the support available to the patient and the home environment will promote safe and effective care.
  - **Are there possible conflicts with other services?** Note possible conflicts that might interfere or detract from providing HIT. Note the restrictions in 7.3 and the service coordination guidance in 7.6.
  - **Is your agency capable of providing the services?** As you review a patient's needs, remember that you may accept only patients for whom you can provide all required therapies. See step 1 above.
- **For EN patients,** review the items ordered by the physician in light of what you know about the patient.

#### **Step 4     Resolve Questions and Concerns**

Resolve any questions or concerns you have about a patient's care before starting services. If anything that is ordered by the physician appears inappropriate or a potential source of problems, contact the physician.

### **7.6     Coordinating Care**

Coordinate services to ensure the best care for the patient while avoiding duplication or overlap.

- **Home Health Services or PCS with Drug Therapies:** If you are providing a drug therapy, coordinate the HIT nursing visits with other care providers to avoid more than one individual attempting to work with the patient at the same time. If home health nursing visits are needed to provide care not related to HIT, the HIT nurse and home health nurse may be present at the same time to coordinate the patient assessment and care plan. See Section 5 for information on Home Health and Section 6 for information on PCS.
- **Home Health Skilled Nursing Visits with EN or TPN:** If skilled nursing care is required for an EN or TPN patient, refer the patient for Home Health Services. See Section 5 for Home Health information.
- **Multiple Drug Therapies:** If a patient requires multiple drug therapies, the therapies must be provided by the same agency.
- **Drug and Nutrition Therapies for the Same Patient:** If a patient receives a nutrition therapy with a drug therapy, do not bill an IV pole for the nutrition therapy.
- **EN or TPN with PDN:** The nursing care needed by a PDN patient who gets only EN or TPN is provided by the PDN nurse or the caregiver, depending on the scheduling of the therapy. See Section 9 for information on PDN.

**REMEMBER:** *You may not bill for drug therapies for a PDN patient.*

### 7.7 Patient Training

Your responsibilities for training will differ with each type of therapy.

#### 7.7.1 Drug Therapy Training

The HIT RN assures that the patient and/or caregiver have received proper training. The pharmacist may also be involved in the training. Be sure the patient/caregiver understands:

- How to administer the therapy;
- How to care for the supplies, equipment and drugs;
- The responsibilities of the patient/caregiver and your agency; and
- The symptoms and conditions that need immediate action, and the actions required in each situation, including emergency procedures.

**NOTE:** You must give the patient/caregiver written instructions that include provisions for emergency situations, and show a phone number through which your agency is available 24 hours per day.

Patients being discharged from the hospital should receive the training as part of the hospital services prior to discharge. The HIT RN provides the training for patients beginning HIT at home. In either situation, be sure that the training was effective by having the HIT RN monitor the first dose given at home and providing any needed follow-up training and supervision. See 7.9.

#### 7.7.2 EN and TPN Training

Patients receiving EN or TPN after a hospitalization are expected to receive training in the hospital.

**CAUTION:** You may not bill Medicaid for administration training. If such training is needed at home, refer the patient to Home Health. See Section 5 for Home Health information.

Be sure that the patient and/or caregiver understands:

- How to care for supplies, equipment, and formulae; and
- The responsibilities of the patient/caregiver and your agency.

**NOTE:** You must give the patient/caregiver written instructions that include provisions for emergency situations, and show a phone number through which your agency is available 24 hours per day.

### 7.8 Delivering Care

Provide HIT according to the physician's orders as described in Step 1 of 7.5. Provide your services according to applicable laws, regulations and good practice. Coordinate the care, including any needed changes, with the patient's physician.

## 7.9 Monitoring Care

Your monitoring responsibilities depend on whether you are providing a drug or nutrition therapy.

### 7.9.1 Drug Therapy Monitoring

Monitor the administration as appropriate for the drug, the patient's situation and the success of the training. The patient's physician and your agency must assure sufficient monitoring to protect the patient's health and well being.

- **Administering the First Dose:** The physician determines if the first dose is given in the physician's office, the hospital or under supervision in the home. Usually, a drug previously administered by another route or an IV medication that the patient has received in the past 60 days is not considered a "first dose" as the term is used here; however, the physician determines the needed action.

**CAUTION:** Do not bill for a first dose given in a hospital. Medicaid pays the hospital for this service in the hospital's per diem payment.

- **Monitoring Subsequent Doses:** Monitor the doses given after the first dose as needed to ensure quality care. Review the patient's/caregiver's performance in administering the therapy(ies).

**NOTE:** Due to the unique requirements for monitoring the administration of Amphotericin B, you may bill separately for RN monitoring that exceeds two hours. The first two hours are part of the per diem. See 7.10.1

- **Assuring Continuing Need and Appropriateness:** Continually review a patient's situation to be sure that care remains appropriate. Use the criteria in 7.2, as well as your quality assurance process, in your review.

### 7.9.2 EN and TPN Monitoring

Your agency and the physician must ensure sufficient monitoring to protect a patient's health and well being. The physician orders any other services, such as home health skilled nursing visits, that are needed for the patient.

Your responsibilities for monitoring EN and TPN include:

- **Assuring Provision of the Supplies, Equipment, and Formulae:** Be sure that you provide these items according to the physician's orders. Promptly resolve problems. Repair or replace defective equipment so that there is no lapse in treatment.
- **Noting and Reporting Problems and Concerns:** When the ordered services do not appear appropriate, there are problems with their provision or you have concerns about administration, promptly notify the patient's physician.

**CAUTION:** Medicaid does not pay your agency for infusion nursing services for EN or TPN. When RN monitoring is needed, refer the patient to Home Health Services. You may not bill Medicaid for RN monitoring. See Section 5 for Home Health Services information.

## 7.10 Getting Paid

Instructions for filing claims are in Section 14. Below are the key points to keep in mind when filing HIT claims.

### 7.10.1 What May Be Billed

You may bill for services provided according to Medicaid policies and procedures. What you may bill for each type of therapy follows:

#### Drug Therapies

- **Per Diem Charges:** You may bill the appropriate per diem for each day in the course of treatment. When a combination of therapies is provided, bill the per diem for the combination rather than a separate per diem for each therapy. The count of billable days begins on the day that the first dose is administered in the patient's home (or physician's office, if applicable) and ends on the date that the last dose is administered in the patient's home.
- **RN Monitoring of Amphotericin B:** Due to the extensive monitoring requirements for the administration of Amphotericin B, you may bill for the time **over two hours** that the RN spends with the patient to monitor the administration of a dose of this drug. The time is billed in 15-minute units that are calculated according to the instructions in 7.10.4.
- **Termination Allowance for Interrupted Course of Treatment:** You may bill a termination allowance for up to seven days if either of the following occur during the usual delivery cycle for the drug:
  - The drug therapy is terminated prior to the completion of the original prescribed course of treatment due to the patient's death, admission to a hospital or admission to another type of medical facility; or
  - The drug therapy is changed prior to completion of the original prescribed course of treatment due to a change in the prescribed drug.

You may bill this allowance for the **lesser** of the following:

- The number of days remaining in the prescribed treatment after the date of the last dose; or
- The number of days remaining in the usual delivery cycle for the drug after the date of the last dose.

**EXAMPLE 1:** A patient starts a 17-day treatment on March 3 with a drug that has a seven-day delivery cycle. He dies on March 13, four days into the second seven-day cycle that started on March 10. The per diem for therapy is billed through the 13th. Three units of the termination allowance are billed to account for March 14-16.

**EXAMPLE 2:** A patient starts a nine-day treatment on June 10 with a drug that has a three-day delivery cycle. Because of an adverse reaction, the physician terminates the treatment on June 12. No termination allowance may be billed as the second cycle did not begin.

**EXAMPLE 3:** A patient starts a 25-day treatment on May 9 with a drug that has a seven-day delivery cycle. The patient dies on May 24, with two days remaining in the prescribed course of treatment. The two days is less than the number of days remaining in the delivery cycle; therefore, two units of the termination allowance may be billed.

#### EN and TPN

You may bill for the Medicaid covered items ordered by the physician and provided to the patient according to Medicaid policies and procedures.

- **Medical Equipment:** Bill the ambulatory infusion pump (E0781) for each day that it is provided. Apply the "capped rental" procedures in 7.1.2 when billing the other equipment. Rental charges are prorated when an item is provided for less than a calendar month. See the Medicaid Home Infusion Therapy Fee Schedule for the list of covered items.
- **Medical Supplies:** See the Medicaid Home Infusion Therapy Fee Schedule for the list of covered supplies.
  - **Supply Kits:** Most supplies are included as part of a kit. Kits are paid on a daily fee basis - that is, you bill the daily fee for each day that a patient receives the therapy.
  - **Individual Supply Items:** Bill individually-covered supplies as they are furnished to the patient in accordance with the POC.
- **Formulae:** Formulae/solutions are paid either by the day or by the unit, depending on the item. See the Medicaid Home Infusion Therapy Fee Schedule for the formulae that are covered.
  - **Formulae Paid by Day:** Bill one unit for each day of treatment that the patient receives the therapy.
  - **Formulae Paid by Unit:** Bill the number of units supplied per day as ordered by the physician on the POC.

#### 7.10.2 Units of Service

##### Drug Therapies

- **Per Diem (Daily) Rates:** The unit of service is a day. The equipment, supplies and services needed for the drug therapy are included in a per diem rate - that is, one fee that includes the components of the coverage - and the fee is paid for each day of the therapy. The rate does not include the drug - it is paid for by Medicaid's coverage of prescription drugs. There is a different per diem for each type of drug therapy as well as rates for combined therapies.
- **RN Monitoring of Amphotericin B:** The unit of service is 15 minutes for the time over two hours that the RN spends with the patient to monitor the administration of a dose of this drug. See 7.10.4 for instructions on calculating units.
- **Interrupted Course of Treatment:** The unit of service is a day for each day that the termination allowance applies.

##### EN and TPN

The equipment, supplies and formulae are paid individually.

- **Medical Equipment:** Equipment is rented, purchased as a new item or purchased as a used item. All items, except the ambulatory infusion pump, are paid as "capped rental." See 7.1.2 for an explanation of "capped rental."
  - **Daily rental of Ambulatory Infusion Pump (E0781):** The unit of service is a **DAY**.
  - **Monthly Rental:** The unit of service is a **CALENDAR MONTH** for each month in which the equipment is rented. EDS prorates partial months when the claim is processed.
  - **Purchased Items:** The unit of service is **1** for each item purchased.

- **Medical Supplies:** Supplies are provided individually or as parts of a kit.
  - **Supply Kits:** The unit of service is a **DAY**.
  - **Individual Items:** The unit of service is **1** for each item supplied.
- **Formulae:** Formulae/solutions are paid either by the day or by the unit, depending on the item.
  - **Formulae Paid by Day:** The unit of service is a **DAY**.
  - **Formulae Paid by Unit:** The description of the formulae in the Medicaid Home Infusion Therapy Fee Schedule shows the quantity that equals one unit.

### 7.10.3 Payment Rate

Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate listed in the Medicaid Home Infusion Therapy Fee Schedule.

### 7.10.4 Filing a Claim

Use a HCFA-1500 for your claim. See 14.7 for general instructions.

Use the following guidance to complete item 24 - the part that provides the details about what you are billing. Item 24 has several lines for listing the billed services. Each line is called a "detail". Use one line for each HCPCS code that you are billing on a given date. If you provide more than one unit of the same item on a day, include all the units for that day on the same line.

Complete item 24 as follows:

**24A. DATE(S) OF SERVICE, FROM/TO:** Your entry depends on the service.

#### Drug Therapies

- **Per Diem (Daily) Rates:** Enter the date in the month that the course of treatment begins in the **FROM** block. If the treatment is continued from the prior month, enter the first of the month in the **FROM** block.

Enter the last day of the course of treatment for the month in the **TO** block. If the treatment extends into the following month, enter the last day of the month in the **TO** block. Do NOT span calendar months.

**EXAMPLE:** The patient's course of treatment is from 8/25/98 through 9/15/98. On the claim submitted for August, enter **082598** in the **FROM** block and **083198** in the **TO** block. On the claim submitted for September, enter **090198** in the **FROM** block and **091598** in the **TO** block.

- **RN Monitoring for Amphotericin B:** Use a separate line for each day the monitoring is done. Enter the date of the monitoring in the **FROM** block. Enter the same date in the **TO** block.
- **Termination Allowance for an Interrupted Course of Treatment:** Enter the date of the last day of treatment in the **FROM** block. Enter the same date in the **TO** block.

**EN and TPN**

- **Rented Equipment:** Enter the date in the month that the pump is first provided in the **FROM** block. If the rental is continued from the prior month, enter the first of the month in the **FROM** block.

Enter the last day of the rental for the month in the **TO** block. If the rental extends into the next month, enter the last day of the current month in the **TO** block. Do NOT span calendar months.

**EXAMPLE:** An enteral pump is provided from 8/25/98 through 10/15/98. Send a separate claim for August, September, and October. On the August claim, enter the 082598 in **FROM** block and 083198 in the **TO** block. On the September claim, enter 090198 in the **FROM** block and 093098 in the **TO** block. On the October claim, enter 100198 in the **FROM** block and 101598 in the **TO** block.

- **Purchased Equipment:** Enter the date that the item is delivered to the patient in the **FROM** block. Enter the same date in the **TO** block.
- **Supply Kits:** Enter the date in the month that the therapy begins in the **FROM** block. If the therapy is continued from the prior month, enter the first of the month in the **FROM** block.

Enter the last day of therapy for the month in the **TO** block. If the therapy extends into the next month, enter the last day of the current month in the **TO** block. Do NOT span calendar months.

See the **EXAMPLE** under Rental Equipment for guidance.

- **Individual Supply Items:** Enter the date that the item is delivered to the patient in the **FROM** block. Enter the same date in the **TO** block.
- **Formulae Paid Per Day:** Enter the date in the month that the therapy begins in the **FROM** block. If the therapy is continued from the prior month, enter the first of the month in the **FROM** block.

Enter the last day of therapy for the month in the **TO** block. If the therapy extends into the next month, enter the last day of the current month in the **TO** block. Do NOT span calendar months.

See the **EXAMPLE** under Rental Equipment for guidance.

- **Formulae Paid Per Unit:** Enter the date that the item is delivered to the patient in the **FROM** block. Enter the same date in the **TO** block.

**24B. Place of Service:** Enter **12** to show that the items/services are provided at the patient's home.

**24C. Type of Services:** Enter the appropriate code:

- 15** for Drug Therapies and all formulae
- E** for EN and TPN rental items
- N** for EN and TPN new equipment purchases and all supplies
- U** for EN and TPN used equipment purchases

**24D. Procedures, Services or Supplies:** Enter the appropriate HCPCS code. The codes are listed in the Medicaid Home Infusion Therapy Fee Schedule. Do NOT enter any information under **MODIFIER**.

**24E. Diagnosis Code:** Leave blank.

**24F. Charges:** Enter the total charge for the items on the detail line.

**24G. Days or Units:** Enter the number of units billed on the detail line.

**Drug Therapies**

- **Per Diem (Daily) Rates:** Enter the number of consecutive days shown in **24A**.
- **RN Monitoring of Amphotericin B:** Enter the number of 15-minute units of monitoring in excess of two hours on the date of service. Calculate the number of units as follows:

**Step 1** Total the amount of time that the RN is with the patient to monitor the administration of the drug on the date of service (remember, do not include travel time or other time not with the patient);

**Step 2** Subtract the two hours included in the per diem;

**Step 3** Divide the remaining number of minutes by 15 to get the number of whole units;

**Step 4** Add an additional unit if the remainder is 8 minutes or more.

***EXAMPLE:** The RN is with the patient for 3 hours, 47 minutes on 1/5 to monitor the administration of Amphotericin B. The first two hours are included in the per diem rate - they may not be billed. Divide the remaining one hour, forty-seven minutes (a total of 107 minutes) by 15. 107 minutes divided by 15 equals 7 units with a remainder of 2. Because the remainder is less than 8, do not add an additional unit. You may bill for 7 units for 1/5 under HCPCS code W8230.*

- **Termination Allowance:** Enter the number of days that the allowance applies, not to exceed seven days.

**EN and TPN**

- **Ambulatory Infusion Pump (E0781):** Enter the number of consecutive days shown in **24A**.
- **Other Rented Equipment:** Enter 1.
- **Purchased Equipment:** Enter 1.
- **Supply Kits:** Enter the number of consecutive days shown in **24A**.
- **Individual Supply Items:** Enter the number of units provided on the date of service.
- **Formulae Paid Per Day:** Enter the number of consecutive days shown in **24A**.
- **Formulae Paid Per Unit:** Enter the number of units provided on the date of service.

**24H. EPSDT/Family Planning:** Leave blank.

**24I. EMG:** Leave blank.

**24J. COB:** Optional

**24K. Reserved for Local Use:** Optional

## HIT Q & A

The following includes some of the common questions about providing HIT and the answers to those questions.

1. **Q.** Can I bill HIT for therapies that I provide to hospital, nursing facility and ICF/MR patients?  
**A.** No. HIT covers only services needed by patients in a private residence or an adult care home.
2. **Q.** The RN from our agency evaluated a patient for drug therapy and found the patient was not appropriate. May we bill Medicaid for the RN assessment?  
**A.** No. The cost of the RN assessment may not be billed separately. It is an activity included in the per diem rate when drug therapy is provided.
3. **Q.** A patient receiving EN needs nursing visits to change the tubing. May our agency provide the visits and bill Medicaid?  
**A.** Your agency may provide infusion nursing care if it is licensed to do so; however, you may not bill Medicaid for nursing visits. Medicaid will pay a home health agency for skilled nursing visits if the patient is eligible for Home Health Services.
4. **Q.** If an EN patient needs skilled nursing visits and qualifies for Home Health Services, may our agency provide the skilled nursing visits under arrangement with the home health agency?  
**A.** The home health agency may provide the visits under arrangement with a qualified agency. Contact the home health agency if you wish to pursue the possibility of providing the visits.
5. **Q.** A patient is not appropriate for self-administration of a drug therapy. Are other options available?  
**A.** Yes, you should refer the patient to a home health agency. There is a possibility of covering the therapy through a combination of Home Health Services, DME and prescription drug coverage.
6. **Q.** Is hydration therapy included in HIT?  
**A.** No, but there is a possibility of coverage through a combination of Home Health services and other Medicaid services.
7. **Q.** A HIT RN spent five hours to provide monitoring of Amphotericin B to a patient - four hours with the patient and an hour traveling to and from the patient's home. How is this billed?  
**A.** Eight 15-minute units (two hours) of RN monitoring may be billed. The other hours are considered part of the per diem rate.

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